

# Senate Amendment 3324

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1 1 Amend Senate File 540, as amended, passed, and  
1 2 reprinted by the Senate, as follows:  
1 3 #1. Page 7, by inserting after line 20 the  
1 4 following:  
1 5 <Sec. \_\_\_\_\_. Section 633.231, Code 2007, is amended  
1 6 to read as follows:  
1 7 633.231 NOTICE IN INTESTATE ESTATES == MEDICAL  
1 8 ASSISTANCE CLAIMS.  
1 9 Upon opening administration of an intestate estate,  
1 10 the administrator ~~may~~ shall, in accordance with  
1 11 section 633.410, provide by ordinary mail to the  
1 12 entity designated by the department of human services,  
1 13 a notice of opening administration of the estate and  
1 14 of the appointment of the administrator, which shall  
1 15 include a notice to file claims with the clerk within  
1 16 the later to occur of ~~fifteen~~ four months from the  
1 17 second publication of the notice to creditors or ~~two~~  
1 18 six months from the date of mailing of this notice, or  
1 19 thereafter be forever barred.  
1 20 The notice shall be in substantially the following  
1 21 form:  
1 22 NOTICE OF OPENING ADMINISTRATION OF ESTATE, OF  
1 23 APPOINTMENT OF ADMINISTRATOR, AND NOTICE TO CREDITOR  
1 24 In the District Court of Iowa  
1 25 In and for .... County.  
1 26 In the Estate of ....., Deceased  
1 27 Probate No. ....  
1 28 To the Department of Human Services Who May Be  
1 29 Interested in the Estate of ....., Deceased, who died  
1 30 on or about .... (date):  
1 31 You are hereby notified that on the ... day of ....  
1 32 (month), ... (year), an intestate estate was opened in  
1 33 the above-named court and that ..... was appointed  
1 34 administrator of the estate.  
1 35 You are further notified that the birthdate of the  
1 36 deceased is .... and the deceased's social security  
1 37 number is ...=...=.... The name of the spouse is  
1 38 ..... The birthdate of the spouse is .... and the  
1 39 spouse's social security number is ...=...=...., and  
1 40 that the spouse of the deceased is alive as of the  
1 41 date of this notice, or deceased as of .... (date).  
1 42 You are further notified that the deceased was/was  
1 43 not a disabled or a blind child of the medical  
1 44 assistance recipient by the name of ....., who had  
1 45 a birthdate of .... and a social security number of  
1 46 ...=...=...., and the medical assistance debt of that  
1 47 medical assistance recipient was waived pursuant to  
1 48 section 249A.5, subsection 2, paragraph "a",  
1 49 subparagraph (1), and is now collectible from this  
1 50 estate pursuant to section 249A.5, subsection 2,  
2 1 paragraph "b".  
2 2 Notice is hereby given that if the department of  
2 3 human services has a claim against the estate for the  
2 4 deceased person or persons named in this notice, the  
2 5 claim shall be filed with the clerk of the above-named  
2 6 district court, as provided by law, duly  
2 7 authenticated, for allowance, and unless so filed by  
2 8 the later to occur of ~~fifteen~~ four months from the  
2 9 second publication of the notice to creditors or ~~two~~  
2 10 six months from the date of the mailing of this  
2 11 notice, unless otherwise allowed or paid, the claim is  
2 12 thereafter forever barred.  
2 13 Dated this ... day of .... (month), ... (year)  
2 14 .....  
2 15 Administrator of estate  
2 16 .....  
2 17 Address  
2 18 .....  
2 19 Attorney for administrator  
2 20 .....  
2 21 Address  
2 22 Date of second publication  
2 23 ... day of .... (month), ... (year)>.  
2 24 #2. Page 7, by inserting after line 33 the

2 25 following:  
2 26 <Sec. \_\_\_\_\_. Section 633.304A, Code 2007, is amended  
2 27 to read as follows:  
2 28 633.304A NOTICE OF PROBATE OF WILL == MEDICAL  
2 29 ASSISTANCE CLAIMS.  
2 30 On admission of a will to probate, the executor ~~may~~  
2 31 shall, in accordance with section 633.410, provide by  
2 32 ordinary mail to the entity designated by the  
2 33 department of human services, a notice of admission of  
2 34 the will to probate and of the appointment of the  
2 35 executor, which shall include a notice to file claims  
2 36 with the clerk within the later to occur of ~~fifteen~~  
2 37 four months from the second publication of the notice  
2 38 to creditors or ~~two six~~ months from the date of  
2 39 mailing of this notice, or thereafter be forever  
2 40 barred.  
2 41 The notice shall be in substantially the following  
2 42 form:  
2 43 NOTICE OF PROBATE OF WILL, OF APPOINTMENT OF EXECUTOR,  
2 44 AND NOTICE TO CREDITORS  
2 45 In the District Court of Iowa  
2 46 In and for .... County.  
2 47 In the Estate of ....., Deceased  
2 48 Probate No. ....  
2 49 To the Department of Human Services, Who May Be  
2 50 Interested in the Estate of ....., Deceased, who died  
3 1 on or about .... (date):  
3 2 You are hereby notified that on the .. day of ....  
3 3 (month), .. (year), the last will and testament of  
3 4 ....., deceased, bearing date of the .. day of ....  
3 5 (month), .. (year), was admitted to probate in the  
3 6 above-named court and that ..... was appointed  
3 7 executor of the estate.  
3 8 You are further notified that the birthdate of the  
3 9 deceased is ..... and the deceased's social security  
3 10 number is ...=...=.... The name of the spouse is  
3 11 ..... The birthdate of the spouse is ..... and  
3 12 the spouse's social security number is ...=...=....,  
3 13 and that the spouse of the deceased is alive as of the  
3 14 date of this notice, or deceased as of ..... (date).  
3 15 You are further notified that the deceased was/was  
3 16 not a disabled or a blind child of the medical  
3 17 assistance recipient by the name of ....., who had a  
3 18 birthdate of ..... and a social security number of  
3 19 ...=...=...., and the medical assistance debt of that  
3 20 medical assistance recipient was waived pursuant to  
3 21 section 249A.5, subsection 2, paragraph "a",  
3 22 subparagraph (1), and is now collectible from this  
3 23 estate pursuant to section 249A.5, subsection 2,  
3 24 paragraph "b".  
3 25 Notice is hereby given that if the department of  
3 26 human services has a claim against the estate for the  
3 27 deceased person or persons named in this notice, the  
3 28 claim shall be filed with the clerk of the above-named  
3 29 district court, as provided by law, duly  
3 30 authenticated, for allowance, and unless so filed by  
3 31 the later to occur of ~~fifteen four~~ months from the  
3 32 second publication of the notice to creditors or ~~two~~  
3 33 six months from the date of mailing of this notice,  
3 34 unless otherwise allowed or paid, the claim is  
3 35 thereafter forever barred.  
3 36 Dated this .. day of ..... (month), .. (year)  
3 37 .....  
3 38 Executor of estate  
3 39 .....  
3 40 Address  
3 41 .....  
3 42 Attorney for executor  
3 43 .....  
3 44 Address  
3 45 Date of second publication  
3 46 .. day of ..... (month), .. (year)  
3 47 Sec. \_\_\_\_\_. Section 633.410, subsection 2, Code  
3 48 2007, is amended to read as follows:  
3 49 2. Notwithstanding subsection 1, claims for debts  
3 50 created under section 249A.5, subsection 2, relating  
4 1 to the recovery of medical assistance payments shall  
4 2 be barred under this section unless filed with the  
4 3 clerk within the later to occur of ~~fifteen four~~ months  
4 4 after the date of the second publication of the notice  
4 5 to creditors, or ~~two six~~ months after service of

4 6 notice by ordinary mail, on the form prescribed in  
4 7 section 633.231 for intestate estates or on the form  
4 8 prescribed in section 633.304A for testate estates, to  
4 9 the entity designated by the department of human  
4 10 services to receive notice.>  
4 11 [#3.](#) By renumbering as necessary.  
4 12 SF 540.H  
4 13 rh/jg/25